

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VT	691007	6/16/00
O.I.P.E. CLASSIFIER	E.N.		7/3/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	SB	54222	8-16-00

INDEX OF CLAIMS

✓ Rejected  
 = Allowed  
 - (Through numeral) Canceled  
 : Restricted  
 N Non-elected  
 I Interference  
 A Appeal  
 O Objected

Claim	Date	Claim	Date	Claim	Date
Final		Final		Final	
Original		Original		Original	
1	1/10/02	51		101	
2	1/10/02	52		102	
3	1/10/02	53		103	
4	1/10/02	54		104	
5	1/10/02	55		105	
6	1/10/02	56		106	
7	1/10/02	57		107	
8	1/10/02	58		108	
9	1/10/02	59		109	
10	1/10/02	60		110	
11	1/10/02	61		111	
12	1/10/02	62		112	
13	1/10/02	63		113	
14	1/10/02	64		114	
15	1/10/02	65		115	
16	1/10/02	66		116	
17	1/10/02	67		117	
18	1/10/02	68		118	
19	1/10/02	69		119	
20	1/10/02	70		120	
21	1/10/02	71		121	
22	1/10/02	72		122	
23	1/10/02	73		123	
24	1/10/02	74		124	
25	1/10/02	75		125	
26	1/10/02	76		126	
27	1/10/02	77		127	
28	1/10/02	78		128	
29	1/10/02	79		129	
30	1/10/02	80		130	
31	1/10/02	81		131	
32	1/10/02	82		132	
33	1/10/02	83		133	
34	1/10/02	84		134	
35	1/10/02	85		135	
36	1/10/02	86		136	
37	1/10/02	87		137	
38	1/10/02	88		138	
39	1/10/02	89		139	
40	1/10/02	90		140	
41	1/10/02	91		141	
42	1/10/02	92		142	
43	1/10/02	93		143	
44	1/10/02	94		144	
45	1/10/02	95		145	
46	1/10/02	96		146	
47	1/10/02	97		147	
48	1/10/02	98		148	
49	1/10/02	99		149	
50	1/10/02	100		150	

If more than 150 claims or 10 actions  
staple additional sheet here

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